

Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	10/533,386-Conf. #5179
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 21, 2005
TOTAL AMOUNT OF PAYMENT (\$) 790.00		First Named Inventor	Peter Marshall
		Examiner Name	F. L. Lagman
		Art Unit	3673
		Attorney Docket No.	01218/100N074-US1

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 04-0100		Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity
	Fee (\$)
Each claim over 20 (including Reissues)	50
Each independent claim over 3 (including Reissues)	200
Multiple dependent claims	360
	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
19	- 20 =	x _____	= 0		0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
2	- 3 =	x _____	= 0		0

HP = highest number of independent claims paid for, if greater than 3.

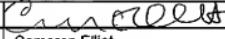
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50 =	(round up to a whole number) x _____	= _____

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification,	\$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	1801 Request for continued examination (RCE) (see 37 ...)	790.00

SUBMITTED BY

Signature				Registration No. (Attorney/Agent)	45,539	Telephone	(212) 527-7704
Name (Print/Type)	Cameron Elliot			Date	July 25, 2007		